

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042357

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 276

FILED NOV 26 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Henry	b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton	a. STATE Missouri	b. COUNTY Henry
c. FULL NAME OF (If NOT in hospital, give location) Clinton General Hosp		d. STREET ADDRESS 306 N. Main St.	
3. NAME OF DECEASED (Type or print) HENRY MERRITT ADKINS		4. DATE OF DEATH November 15, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/11/96
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY legal Stationery Henry Co., Mo.	
11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charles Malcolm Adkins		13b. MOTHER'S MAIDEN NAME Ida B. Earhardt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW#1		17. INFORMANT Mrs Ruth Adkins, Clinton, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for terminal disease condition given in PART I (a))		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Myocardial Infarction		4 days	
DUE TO (b) Cerebral Embolus		2 days	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Clinton, Missouri		
21. I attended the deceased from 11-11-62 to 11-15-62 and last saw him alive on 11-15-1962 Death occurred at 11:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 11-17-62	
22a. SIGNATURE W. B. Burshaw, M.D.	22b. ADDRESS Clinton, Missouri	22c. DATE SIGNED 11-17-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov 17, 1962	23c. NAME OF CEMETERY OR CREMATORY Englewood	23d. LOCATION (City, town, or county) Clinton, Missouri
24. FUNERAL DIRECTOR Consalus	25. DATE RECD. BY LOCAL REG. Nov. 19, 1962	26. REGISTRAR'S SIGNATURE Mildred Bigum	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1 0425
2 0425
3
4 0
5 1
6
7 0
8 0
9 420.1
10
11
12 1-0
13 1-0

NOV 28 1962

DEC 4 1962

JAN 15 1963

JUN 5 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Eugene R. Consular

Licensed Embalmer No. 4680

P. O. Address Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit Obtained

11/14/62

(M.B.)